MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CEPTIFICATE OF DEATH

112954

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PLACE OF DEATH D. COUNTY	Cecil	*.	· ·	MARYLAND	2. USUAL RE a. STATE		Where deceased	l lived. If instituti b. COUNTY		_	ision)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim earest town)	its, write	c. LENGTH OF S	STAY IN 16	c. CITY O	R TOWN (I	If autside carpa	rate limits, write R	URAL and giv	e nearest taw	n)
	ton		5 day	ys		kton			4		
OR INSTITUTION	TAL (If not in hospital, Hospital	give street	address)		d. STREET 218	ADDRESS E.	Main S	treet.	1	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MAE	rst	OSMAN	iddle	BEHE	lost RS	4. DATE OF DEATH	Marc		Day	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER M.	ARRIED 🔲	B. DATE OF BI	RTH		9. AGE (In years		YEAR IF UND	
Female	White	WIDOW	ED DIVO	ORCED 🔲	Feb.	22.	1887	last birthdoy) 74 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATI-	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINE	SS OR INDU	TRY 11. BIRTH	IPLACE (Sto	ate ar foreign co	iuntry)	12. CITIZ	EN OF WHA	T COUNTR
Housewi			at home	е	Por	t Ma	tilda,	Penna		U.S.A	Le
13. FATHER'S NAME					14. MOTHE	S'S MAIDEN	NAME			5,119,9	
Huston	H. Osman				A	nna	Steven	S			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY	r NO. 17. I	NFORMANT			Add			
no			no	Mr:	5. J.	Harr	y Smit	h, Stat	te Col	lege,	Pa.
	ATH (Enter only one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and Uremi s							INTERVAL BONSET AND	DEATH
Conditions, if a gave rise to casse (o), stating	the under-	Gen	eralize	ed art	erios	cler	otic C	-V Dise	230	unkn	own
Seve	HER SIGNIFICANT CON PO PO PO PO PO AS UNDERLYING BO CAUSE OF DEATH MEDICAL EXAMINER)	lize		natoid	l arth	riti	S		VEN IN PART 1	PERF	AUTOPSY ORMED?
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	or 20d. I While at wor		20e. PL	ACE OF INJURY	Y IHame, fa	arm, 20f. (City etc.)	or town)	(Ca	unty)	(State)
	hat I attended the										
alive ana	F-9-A	, 196	and I	that death	occurred o	ot 4 : 4 :		the causes			
ACTUAL SIGNATURE	Cens	mh	ma sh		M.D	23		reet, city or town, ain Str	ALC: NO	3 /1	Q/61
PHYSICIAN'S NAME (Type)	S. Ralph	Andr	ows, Jr	M	D.		Elkto	n, Mary	land		
220. BURIAL, CREMATIC) _ ,		22c. NAME OF					ION (City, town,		(Sta	
Burial	3-14-6	1	Centre	Co.,	Mem.			e Colle		Pa	d.
23. FUNERAL DIRECTOR		n	ADDRESS		979 79 73 1			RAR 24b. REGI	STRAR'S SIGN		
PIPPIN RIIN	ERAL HOME	1 1/4	no ald M	1/11	ELKTO	MATE	d MAR 1 4	01	Christin "	a. / Comme	

in by the funer director, and 2 should be filed with may I etained by It ipital or attending physician.

O FUX AL DIRECTOR—her this certificate has been signed by the attending physician and campletely it page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FU VS A15 (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter dea

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	2972		CERTIF	FICATE	OF DE	ATH					02	95	
1. PLACE OF DEATH o. COUNTY	ecil		MAR	rLAND 2	. USUAL RESID	stric	ere deceased	Colu	institution	on: Reside	nce befo	re admis	sion)
RURAL ond give no	Point	2	LENGTH OF STAY		c. CITY OR TO	DWN (If or	utside corpor	rote limits,	write RI	URAL ond	give ned	rest town	1)
OK III SIII OII OII	AL (If not in hospitol, g Administra			3	d. STREET AC		od. S	s. R.					IDENCE FARM?
NAME OF DECEASED (Type or print)	Fire		Middle S.		Lost BER		4. DATE OF DEATH		Mon Mar		Do	′	Yeor 19 61
s. sex Male	6. COLOR OR RACE		D NEVER MARRI	ED 🔲 8. t	11-27-			9. AGE (In lost birt	veors	IF UNDE Months			
Oa. USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired)		Printing	Offic	11. 8IRTHPLA	CE (Stote outh (Caroli				USA	WHAT	OUNTRY
IS. WAS DECEASED EVE	filton Bern R IN U. S. ARMED FOR	CES? 16. SC	deceased)		Not as	certa	ainabl	le fr	OM		rds.		
Conditions, if o gove rise to i couse (o), stoting lying couse lost. Part II. OT:	mmediate Due TO	to lym	cinomatos abdomina ph nodes entrisuting to de	l lymp & thy	h node	s, a	drena.	ls, c	hes	t		ınkn 9. WAS	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)		RIBE HOW INJURY C	20e. PLACE	OF INJURY (H	lome, form	, 20f. (City		18.)		(County)	YES-E	NO [
	19 KAKAWAYAN 11 KAKAKAWAYAN 12	•		fram De		9 19	8_ , to M						
22c. PHYSICIAN'S	a.L. mo	one	my -	M.E	ATTENDING PHYS. 22d. ADDRE	□ DI	ED. RECTOR	STAFF PHYS.				3-	SIGNE
REMOVAL (Specify)	A. L. MOONEY		23c. NAME OF CEM		REMATORY	ist,	23d. LOCA		, town,			(Sto	te)
24. FUNE AL DIRECTOR Penning	's signature ton & Son	Havr	ADDRESS	DE:			D 8Y REGIST		b. REGI	STRAR'S S	IGNATU	RE	

TO HOSSTAL OR ATTENCE PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after decrayage 4 moy chained by the pital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fine in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 harry after death. NG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after dec VR A1S (4) 15M 9/59

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FOR STATE TO IT ITY MEDI. EXAMINER: This certificate should be executed within 24 hours after death, by delay is ned please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to winneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or lis designated agent, prior to burial, cremoval, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02056

-											
1. PLAC	E OF DEATH				2. USUAL RESIDEN	CE (Where decease		nstitution: Resi		nission)	
		Cecil		MARYLAND	a. STATE	aryland	b. COUN		cil		
b. CIT	Y OR TOWN (if	oulside corporete lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, write				
		give nearest town)	Land	Less than 24	ro.		1				
		int, Mary		spitel, give street eddress)	d. STREET ADDRESS	ort Depo	sit		I e. IS RESI	DENICE	
1					G. STREET ADDRESS				ONAF	FARM?	
The second second		Administr			43	Granite		4 - 4	YES N	KCK01	
3. NAM	IE OF EASED	First		Middle	Lasi	4. DATE OF	Month	D	ay Yeer		
(Type	or print)	CLY	DE	A. 7	BODDY	DEATH	Mar	ch l	8 19	61	
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. A	GE (In yeers	IF UNDER 1 YEA	AR IF UNDER 24	4 HRS.	
Me	ale	2.5	WIDOWE		12-9-20	L	birthdey)	Months Day	s Hours	Min.	
10a. USI	JAL OCCUPATION	Negro	k 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country		12. CITIZEN	N OF WHAT COL	UNTRY	
		king life, even if retire	ed)		Marylan	and the second		USA			
	Laborer HER'S NAME		1 0.	S. Government	14. MOTHER'S MAIDEN			0 022			
13. FAIT			. /.			,	2)				
-		urice Bode			Jane Jone	s (decea	-	337 N			
(Yes, no.	or unkown) (If:	R IN U.S. ARMED FOI yesgive war ordetes of 1	RCES? 16.	SOCIAL SECURITY NO. 17. I			Address				
7	Tes	WW-II		8-07-2095 H	ospital Rec	ords, VA	Н, Ре	rry Po:	int, Md.	•	
18.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis of the lungs due to a mucopurulent							rt.	4-5 hours		
	DUE TO exudate (foreign body in the bronchi).									D	
	2 // / 551.10										
	Conditions, if eny, which gove rise to immediate cause										
	stating the un	DUILTO						110			
-	e last.) (c)									
8	PART II. OTHER	SIGNIFICANT CONDI	ITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIV	EN IN PART 1(a	19. WAS AUT		
12									YES X X NO		
CERTIFICATION WINDS	EXTERNAL CA	USE WAS 2	Ob. DESCR	IBE HOW INJURY OCCURED. (E	nter neture of Injury In Per	t I or Part II of Iten	n 18.)				
G CAU	ARY Or CON	AIKIBUTING [
₹ 20c.	TIME OF INJUR	Y Month, Dey, Ye	er 20d.		CE OF INJURY (Home, ferm		lown)	(County)	(SIe	iele)	
WEDICAL 20c.	Hour a.m.		While et wor		ory, street, office bldg., etc.	.)					
-	p.m.	19			LI A-1	1	1	[কুন	11		
21.	21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection X., Inquiry X., and in my opinion										
dea	th resulted for	on: Natural ca	auses X	, Accident, Suici	de, Homicide	Undet	ermined m	anner			
	//	1 1061	NI	1 1011	CHIEF MEDICAL	EXAMINER					
	TUAL NATURE	un	on	nul	M.D. ASSISTANT MED	ICAL EXAMINER			DATE SIGN	ED	
		The second	- 50		DEPUTY MEDICAL	L EXAMINER			3-9-6	1	
	AMINER'S ME (Type)	R. C.	DODSO	N	Address (Street,	city, town, or cour	w Rigi	ne Sun		1	
		1, 22b. DATE THERE	OF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(Cily, town,	or country)	(Stete)		
REM	OVAL (Specify)	3/12/	61	Mt. Zoar		Conow	ingo.	Maryla	nd		
23. FHN	ERAL DIRECTOR	1 -1		ADDRESS	24a. RFC	'D BY REGISTRAR				-	
1		11/1/			ATO. NEC	I WE GIVING					
KX!		To to	YT	3 0 30		0 1 0 101	0	1 . 9 45	*UA		
De	nningth	m & Son,	Havre	e de Grace, Mo	L. DATEMAI	R 1 3 '61	and	ilun S. Kr	au A		

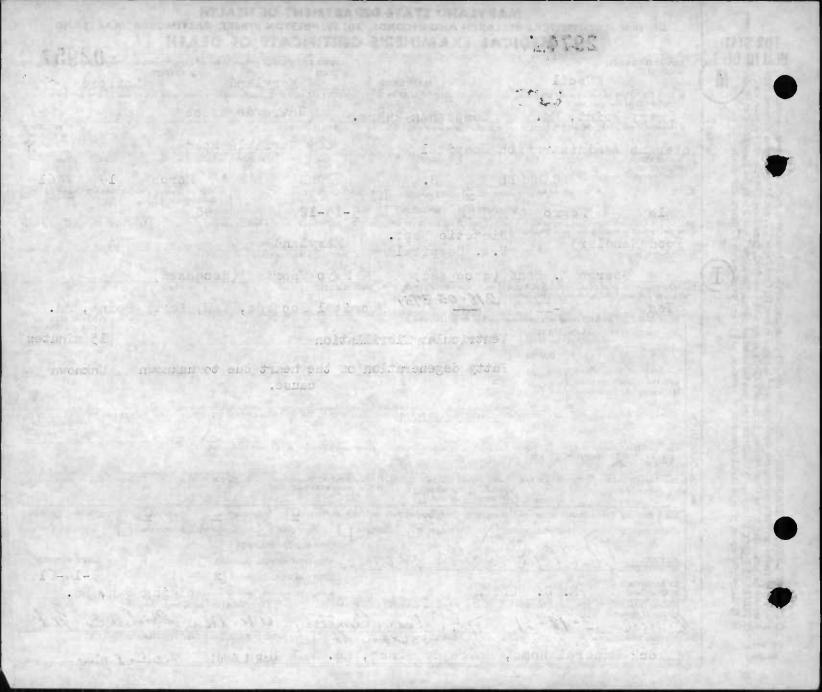
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FOR STATE DEP TO DX IX MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If delay is neccess, and 3 to the careful director. Page Palease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Annaral director. Page A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HE	ALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
297 MEDICAL EXAMINER'S CERTIFICATE OF	FDEATH
AS I THE COURT OF THE COURT OF THE COURT OF	o Con

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaesed livad, If institution: Re-	sidence bear addission)					
	Cecil MARYLAND	a. STATE B. COUNTY Har:	ford					
1	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end						
	Perry Point, Md. Less than 24hr	s. Havre de Grace	774 - 7					
Q	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE					
Ì	Veterans Administration Hospital	809 Garfield Road	YES NO NO					
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer					
7	(Type or print) CARROLL S.	200000	14 19 61					
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y						
	Male Negro WIDOWED DIVORCED	5-15-12 48 yrs.	ys Hours Min.					
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) Dio + o + o + o - Door +	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?					
H	Food Handler Dietetic Dept.	Maryland US	A					
-	13. FATHER'S NAME V. A. Hospital	14. MOTHER'S MAIDEN NAME						
•	George E. Bond (deceased)	Mayo Thomas (deceased)						
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II							
	(Yes, no, or unkown) (Ifyasgive war or detas of sarvica) 218-05-3739 Ho:	anital Pasanda WAU Dammy Day	int Ma					
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	spital Records, VAH, Perry Po:	I INTERVAL BETWEEN					
	PART I DEATH WAS CALISED BY.		ONSET AND DEATH					
	IMMEDIATE CAUSE (a) Ventricular fibrillation 15 minute							
	DUE TO							
		of the heart due to unknown	Unknown					
	gava risa to immediata cause (a), steting liha undarlying DUE TO	cause.						
	cause lest. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1						
0	THE STATE OF THE S		PERFORMED?					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	ntar natura of Injury In Part I or Part II of itam 18.)						
		CE OF INJURY (Homa, farm, 20f. (City or town) (Country, streat, office bldg., atc.)	y) (Stete)					
3	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry ,	and in my opinion					
0	death resulted from: Natural causes . Accident . Suicident .	de, Homicide, Undetermined manner						
	SIGNATURE MUNICIPALITY	A D ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
		DEPUTY MEDICAL EXAMINER	3-14-61					
	R. C. DODSON	Address (Streat, city, town, or county) Rising Sur	n. Md.					
	228. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stata)					
	Burial 3-18-61 Mt. Calvary	Cemetery aberdeen Harford	Co ml.					
	23. FUNERAL DIRECTOR - Level Selle LADDRESS 556 X 4-we		NATURE					
	Bullock Funeral Home, Havre de Grace	Ma	v .					
-		, Mar 16'61 arting &	Thatta					



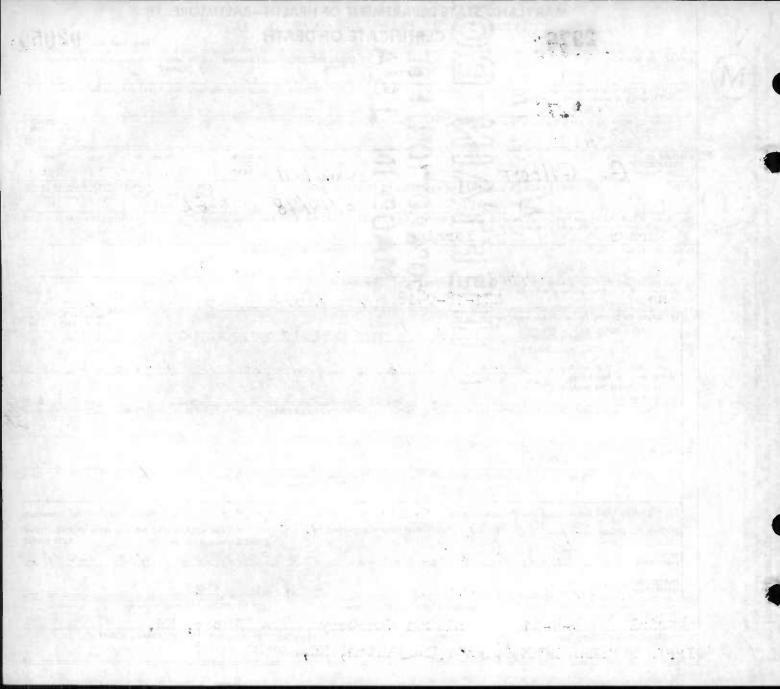
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certificate

VS A15 (4) 15M 9/5B

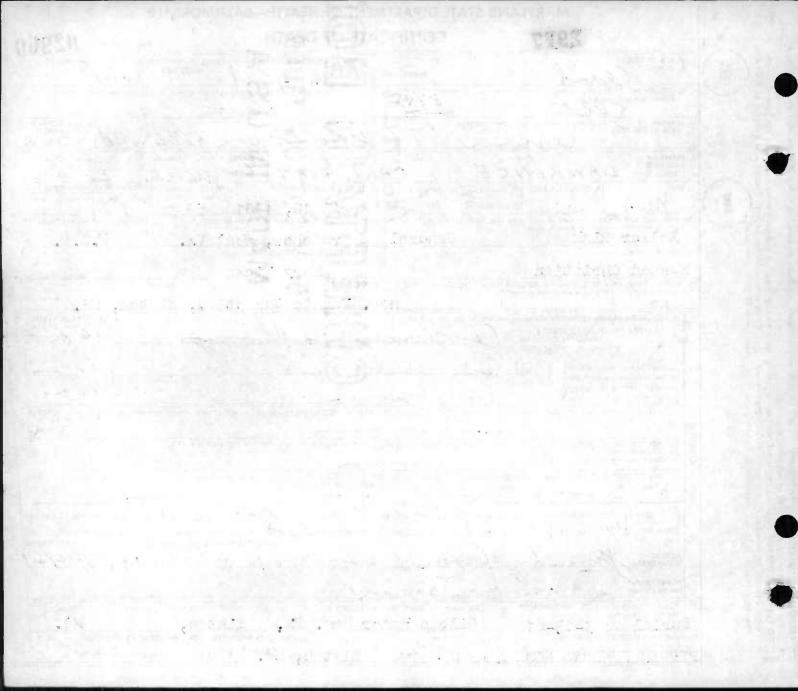
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15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3	2978	CERTIFICATE OF DEATH
ГН		2. USUAL RESIDENCE (Where o

g. Dist. No. 112961

	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Cecil								
AY IN 1b c.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
rears	Elkton		1						
				e. IS RESIDENCE ON A FARM?					
14	2 W. High	Street,		YES NO NO					
	1 1 1 6	OF		Day Year 14, 1961					
RRIED B. DATE	OF BIRTH			EAR IF UNDER 24 HRS.					
	ch 5. 188	last birthdo	y) Manths Da	ys Hours Min.					
2 4 44 7				N OF WHAT COUNTRY?					
Dancing	Wilmin	gton. Del		U.S.A.					
	Anna St	arr							
NO. 17. INFORM			Address						
Will	iam T. Co	lling, El	kton. M	d.					
		444409 404		NTERVAL BETWEEN					
10 /	6,010.	- 60		DISET AND DEATH					
DUE TO DUE TO									
1181			-						
Canditions, if any, which gave rise to immediate cause (a), stoting the under DUE TO									
DEATH BUT NOT RE	ATED TO THE TERMINA	AL DISEASE CONDITION	GIVEN IN PART 1(19. WAS AUTOPSY					
				PERFORMED? YES NO D					
Y OCCURRED. (Enter	nature of injury in Par	t I ar Part II af item 18.)							
20e. PLACE OF factory, str	NJURY (Home, farm, eet, affice bldg., etc.)	20f. (City or tawn)	(Cour	(State)					
- 7	10// to 3	2-16/ 10	/ / sheet 1 !						
iai aeain occui				DATE SIGNED					
M.D	123 Su	isole Car	<u>C</u>	3-16-41					
14	celet	r. m.O.							
EMETERY OR CREM	TORY 22	Ed. LOCATION (City, tow	n, ar county)	(State)					
ton Ceme		Elkton.		Md.					
	24o. REC'D B		GISTRAR'S SIGNA	TURE					
De Elkt	on, date MAR	21 '61	Orthon & +	Teace					
	ARYLAND TAY IN 16 COLL TREATS d. 14-2 ddle COLL RRIED B. DATE RCED March SOR INDUSTRY 11. Dancing 14. M NO. 17. INFORMA Will: Col. DEATH BUT NOT REI Y OCCURRED. (Enter 20e. PLACE OF I foctory, street and death occurred M.D EMETERY OR CREMA TON Ceme	ARYLAND O. STATE Md. TAY IN 16 C. CITY OR TOWN (If out Elkton d. STREET ADDRESS 142 W. High Addle COLLINS RRIED B. DATE OF BIRTH RCED March 5, 188 SOR INDUSTRY 11. BIRTHPLACE (Stole or Dancing Wilmin 14. MOTHER'S MAIDEN NAMANA Anna. St NO. 17. INFORMANT William T. CO (c).) DEATH BUT NOT RELATED TO THE TERMINA Y OCCURRED. (Enter nature of injury in Por foctory, street, office bidg., etc.) 120e. PLACE OF INJURY (Home, farm, foctory, street, office bidg., etc.) ADDRESS M.D. 123 S. REMETERY OR CREMATORY 240. REC'D E	ARYLAND ARYLAND ARYLAND C. CITY OR TOWN (If outside corporate limits, write Elkton d. STREET ADDRESS 142 W. High Street, Idle Lost A. DATE OF DEATH M. RIEED B. DATE OF BIRTH RCED March 5, 1889 72 SOR INDUSTRY 11. BIRTHPLACE (State or foreign country) Dancing Wilmington, Del 14. MOTHER'S MAIDEN NAME Anna Starr NO. 17. INFORMANT William T. Collins, El (c). DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION Y OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.) 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.) ADDRESS (Street, city or town) ADDRESS (Street, city or town) M.D. 123 Supple Carport EMETERY OR CREMATORY 240. REC'D BY REGISTRAR 24b. RE 240. REC'D BY REGISTRAR 24b. RE	ARYLAND O. STATE Md. D. COUNTY Ceci TAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give Elkton d. STREET ADDRESS 142 W. High Street, March GEATH March OPEATH March OPEATH March OPEATH March OPEATH March OPEATH REED March 5, 1889 March 5, 1889 March OPEATH March OPEATH March OPEATH March IF UNDER 1 Y Months DO TO TO Months DO TO TO TO TO TO TO TO TO TO					

Page 4 in by the fune. directar, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea TO FULL IL DIRECTO. The this certificate has been signed by the attending physician and campletely fill page 3'shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registror priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MATURAL DEPARTMENT OF MEASUR-BALTIMORS, 18	
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mode of the part tell No. 20 N	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND & 9 Film G284 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before againssion) 1. PLACE OF DEATH e. COUNTY e. STATE files. Cecil MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 uneral director. YOUR write RURAL and give nearest lown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Po Boar IS RESIDENCE ON A FARM? State YES NO Pvt.home 4. DATE Month DECEASED OF 2 with the Devlin (Type or print) DEATH 1961 Smith hould be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with the moval, and in any event within 72 hours after B. DATE OF BIRTH 5. SEX AGE (In years /IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Davs Hours WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Housekeener Keeping house 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME no information no information 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mrs. H. Redziewicz. Perryville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemmorrhage IMMEDIATE CAUSE (e) removal, DUE TO **EXAMINER:** This certificate should Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 Medical Examiner's DUE TO (e), steting the underlying 88 0 ceuse lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMEO? 2 xecute the certificate, writing the word NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [7] burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! Month, Dev. Yeer 20f. (City or town) (County) (Stale) fectory, street, office bldg., etc.) While Not While et work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry | X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE should be DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) R.C. DOGSON
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stote) REMOVAL (Specify) 3/28/6] 40 Port Deposit RD Maryland
246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 0 Buria] Hopewell Cemetery UNERAL DIRECTOR VS. A15ME areling S. Thous Perryville, Md. OAMAR 28'61 5M 7/59

r Series Site Collin no ini on grafam O Laverroll 10/88/5 Intrue Staffer M. . 110000 Stori Torresting, and a series and a restriction dod - nosteging

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2980 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) P Chesapeake City Chesapeake City days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Morgan Nursing Home NAME OF Middle 4. DATE Month Last DECEASED MARY FEARS DEATH (Type ar print) March 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) White Female WIDOWED [DIVORCED T papers. camp 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) At Home Philadelphia. Housewife ond carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Esther Mae John Mellor physici IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address William Chesapeake City, Md. Fears. attending none no 1B. CAUSE OF DEATH [Enter only one couse per light far (a), (b), and (c). d PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** by permit. Canditions, if ony, which been signed gave rise to immediate DUE TO couse (a), stoting the underpup lying cause last. attending physician burial-transit Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY remaval, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) certificate p CAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Doy, 20d. INJURY OCCURRED factory, street, office bldg., etc.) 5 use MEDI While Not while of work of work After 1921, that I last saw the deceased 21. I certify that I attended the deceased from ached 7517M, from the causes and on the date stated above. and that death accurred at_ ADDRESS (Street, city or town, stote) DIRECT ACTUAL prior SIGNATURE

shauld FUN page 10 VS A15 (4) 1SM 9/SB

PHYSICIAN'S NAME (Type

22a. BURIAL CREMATION.

REMOVAL (Specify) Bethel duri a 23. FUNERAL DIRECTOR'S SIGNATURE HOME Sonall h Du Elkton,

22c. NAME OF CEMETERY OR CREMATORY

22b. DATE THEREOF

22d. LOCATION (City, town, or county) (Stote)

Reg. Dist. No. 02963

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

ONSET AND DEATH

PERFORMED? YES NO X

(State)

Days

(County)

e. IS RESIDENCE ON A FARM? YES NO TO

Year

1951

Cecil

Months

Chesapeake

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT.

TO D. ITY MEDIO EXAMINER: This certificate should be executed within 24 hours after death.

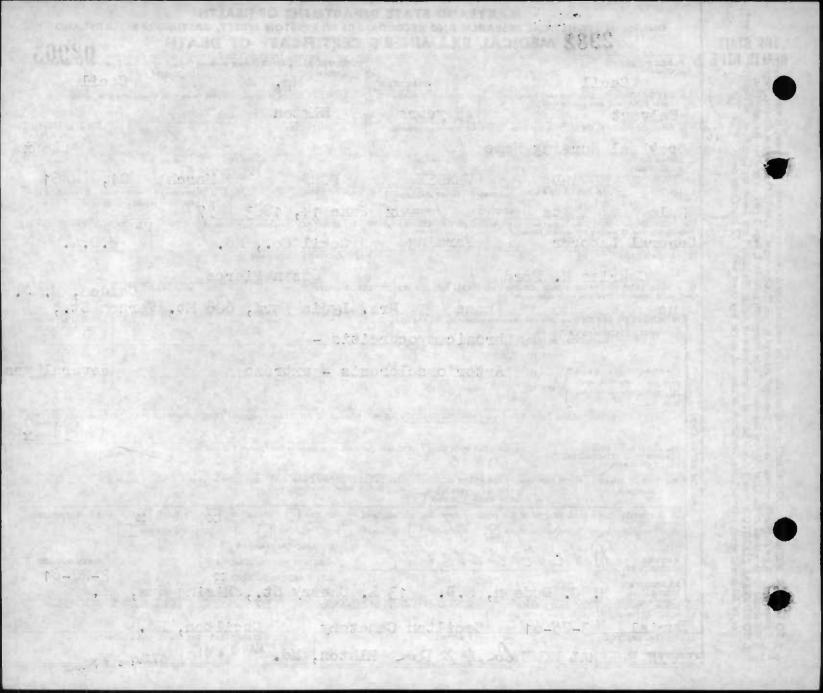
pleass execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to instrument director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2-with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2382 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02065

1	1. PLACE OF DEATH a. COUNTY			CE (Whare deceased lived, If institution: R	(asidence before admission)
1	Cecil	MARYLAND	a. STATE Md.	b. COUNTY	ecil
ľ		LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outsida corporate limits, write RURAL and	d give nearest town)
1	writa RURAL and give nearest town)	5 vears	2/ Elkton		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite	9 0	d. STREET ADDRESS		. IS RESIDENCE
1	Crossbool Manaine Home	2312724274			ON A FARM? YES NO
ŀ	Graybeal Nursing Home	Middle	Last	4. DATE Month	Day Year
1	DECEASED			OF	
1	EDWARD	VEASEY	FORD	9. AGE (In yaars IF UNDER 1	1961 YEAR IF UNDER 24 HRS.
1	7. MARKIED			last birthday) Months I	Days Hours Min.
1	Male White WIDOWED [883 77 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if ratirad)	O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State		IZEN OF WHAT COUNTRY?
1		Farming	Cecil Co	., Md.	U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
1	Charles H. Ford		Susan	Pierce	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. I			mden, N. J.
ı	(Yes, no, or unkown) (Ifyasgive war or datas of servica)	no Mrs	. Tardia Wa	rd, 606 Mt. Vern	
1	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	· Hyaza wa	ius coo nos vern	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chroi	ONSET AND DEATH			
	1/201				
1	DUE TO	gorromo l tra			
1	Conditions, if any, which gave rise to Immediate cause	several yr:			
1	(a), stating the underlying DUE TO				
1	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
1	CAT				YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTR 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURED. (E	intar nature of Injury in Part	t I or Part II of itam 18.)	
1	0		CE OF INJURY (Home, farm	(Court	nty) (State)
1	Hour a.m. While at work	1101 17 11110			
1	21. I certify that I took charge of the remain	ns described above, he	ld an Autopsy	Inspection , Inquiry	and in my opinion
1	death resulted from: Natural causes XI,	Accident , Suici	_	Undetermined manner	
	1 100 m	. 0 00	CHIEF MEDICAL E		
	ACTUAL DELLA COL	lalen	ACCICTANT MEDI	ICAL EXAMINER	DATE SIGNED
1	SIGNATURE		DEPUTY MEDICAL	and the same of th	3-22-61
ı	EXAMINER'S NAME (Typa) R. C. Dodson.	M.D. 13 E			Md.
		Re. NAME OF CEMETERY OR		22d. LOCATION (City, town, or country)	
	REMOVAL (Specify)				,
V	Burial 3-25-61 C	ecilton Cem	etery	Cecilton, Md.	GNATURE
K	A. TOTTERNE BIRECTOR	ADDITION	240. NEC	MAD 2	
1	PIPPIN FUNERAL HOME	HI / LUXUN H	likton, Md.	arthug	S. Kraus



funeral ician and compressly filled in by the ovec carbon papers. Pages 1 and 2 event, within 72 hours after death. within 24 execu TO HOTITAL OR SIDING PHYSICIAN: The law requires that the death certificate be death as a fained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event-with.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

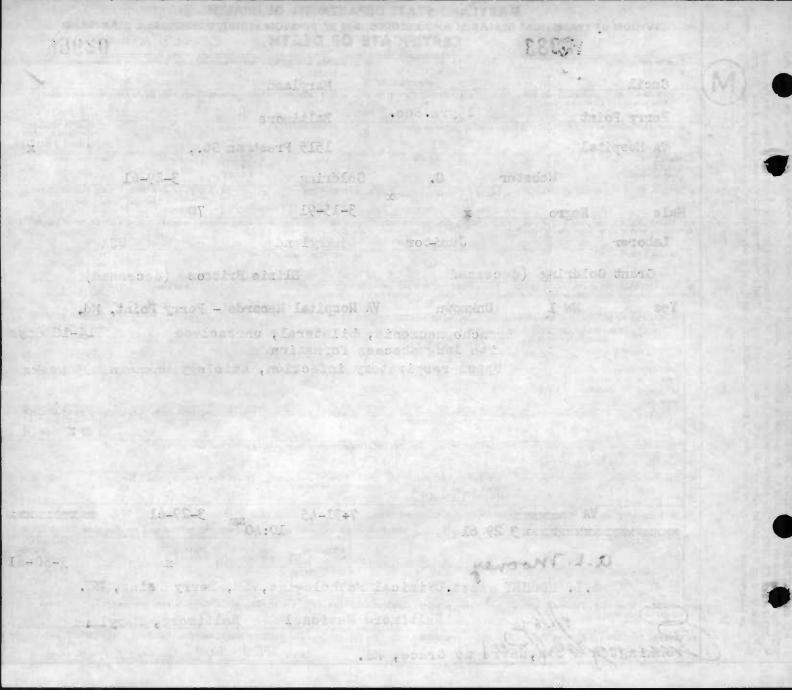
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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- STATE - COUNTY - Gecil - Maryland - C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) - Perry Point - C. Maryland - C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) - Perry Point - C. Mark of Hospital Or Institution (if not in hospital, give streat address) - VA Hospital - STATE ADDRESS - C. STREAM OR C. C.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Perry Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) VA HOSPITAL OR INSTITUTION (If not in hospital, give streat address) 3. NAME OF DECEASED VERY OF DECEASED VERY OF THE PROPERTY O
Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) VA Hospital 3. NAME OF DECEASED (Iype or print) Webster C. Goldring Goldring Goldring A. DATE DEATH J-29-61 19 S. SEX 6. COLOR OR RACE Negro WIDOWED DIVORCED DIVORCED DIVORCED Janitor Maryland 14. MOTHER'S MAIDEN NAME Grant Goldring Geased 15. WAS DECEASED VER IN U.S. ARMED FORCES? WID Test WAS DECEASED VER IN U.S. ARMED FORCES? WID UNKnown Test Test WID To Conditions, if eny, which gave rise to immediate cause (a), stained that was Causet bey. IMMEDIATE CAUSE (a) WID To WID WID To WID To WID To Conditions, if eny, which gave rise to immediate cause (a), stained that was Causet bey. IMMEDIATE CAUSE (a) WID To Conditions, if eny, which gave rise to immediate cause (a), stained that was Causet bey. IMMEDIATE CAUSE (a) WID To Conditions, if eny, which gave rise to immediate cause (a), stained that WID To Conditions, if eny, which gave rise to immediate cause (a), stained that To To To To To To To To To T
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) VA Hospital 3. NAME OF First
1. Set Name of Decense Dece
DECEASED Color Or RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE OF B
Comparison Webster Comparison Goldring Goldri
Male Negro widowed Divorced 3-15-91 70 yrs. 10a. USUAL OCCUPATION (Give kind of work done during moil of working life, even if relired) Laborer Janitor Maryland USA 13. FATHER'S NAME Grant Goldring (deceased Elizie Briscue (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WI T Unknown VA Hospital Records - Perry Point, Md. INTERVAL BETWEEN ONSE AND DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. Bronchopneumonia, bilateral, unresolved One to with lung abscess formation Conditions, if eny, which gave rise to Immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
Male Negro WIDOWED DIVORCED 3-15-91 70 yrs. 10s. USUAL OCCUPATION (Give kind of work done during most of working life, avan if relirad) Laborer 13. FATHER'S NAME Grant Goldring (deceased Father's NAME Grant Goldring (deceased Father's MAIDEN NAME Grant Goldring (deceased Father's MAIDEN NAME Grant Goldring (deceased Father's MAIDEN NAME Fres Will Unknown VA Hospital Records - Perry Point, Md PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral, unresolved Father's Name Normal Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the Terminal Disease Condition Given in Part 1(a) Doe, ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If Either, NOTHER Medical EXAMINER) DOE SCONTRIBUTING CAUSE OF DEATH (If Either, NOTHER Medical EXAMINER) DOE SCONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) DOE SCONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) DOE SCONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) DIVERTIMATE OF WHAT COUNTRY? II. BIRTHPLACE (County & Stele, or foreign country) Maryland USA 12. CHIZEN OF WHAT COUNTRY? Maryland USA 12. CHIZEN OF WHAT COUNTRY? Maryland USA 13. SOCIAL SECURITY II. BIRTHPLACE (County & Stele, or foreign country) 14. MOTHER'S MAIDEN NAME Elizie Briscue (deceased) Address Address Address Father's MAIDEN NAME II. BIRTHPLACE (County & Stele, or foreign country) 15. CHIZEN OF WHAT COUNTRY? 16. SOCIAL SECURITY NO. IV. INFORMANT III. BIRTHPLACE (County & Stele, or foreign country) 15. CHIZEN OF WHAT COUNTRY? 16. SOCIAL SECURITY NO. IV. INFORMANT III. BIRTHPLACE (County & Stele, or foreign country) 16. Maryland 17. INFORMANT III. BIRTHPLACE (County & Stele, or foreign country) 18. CAUSE OF DEATH (Information) 19. VAS AUTOPSY PERFORMED? YES NO. II. 20. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH III FITTED OF WHAT COUNTRY? 19. VAS AUTOPSY PERF
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyasgivewarordelasofsarvice) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c).] 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c).] 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c).] 19. Was all per line for (a), (b) 15. INFORMANT 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c).] 19. Was all per line for (a), stating the undarlying 19. Was all per line for (a), stating the undarlying 19. Was all per line for (a), stating the undarlying 19. Was all per line for (a), stating the undarlying 19. Was all per line for (a), stating the undarlying 19. Was all per line for (a), enter of injury in Part I or Part II of item 18.) 19. Was all per line for (a), stating in Cause of Death (If either, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Z NO 2Db. ACCIDENT WAS UNDERLYING CONCERNED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Z NO 2Db. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
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(a), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO - OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO - OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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PERFORMED? YES X NO TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES X NO TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Net While I factory, street, office bldg., etc.)
Hour e.m. Whila Not Whila Tactory, street, office blog., etc.)
21. 1 certify that (this xhouse at) attended the deceased from
sew when describes the state of the state of the state of the causes and on the date stated above.
ATTENDING MED. STAFF SIGNED
a. L. Mooney M.D. PHYS. DIRECTOR PHYS. 3-30-6]
22c. PHYSICIAN'S NAME (Type) A. L. MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md.
230 BUREAU CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
(REMOVAL) (Spacify) 4/1/6 (Baltimore National Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Workithetto & Sol, Havre de Grace, Md. DATE APR 3 '61 Cillun & Kraus



MARYLAND ST	ATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2984	CERTIFICATE	OF DEATH	R

CERTIFICATE OF DEATH

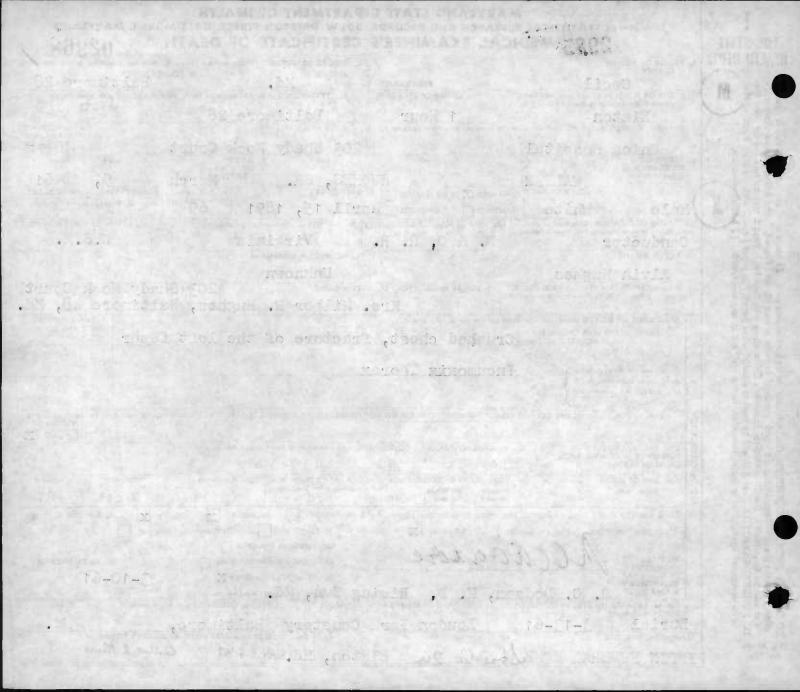
. Dist. No. 02967

							reg. Dist.	110.	
1. PLACE OF DEATH a. COUNTY	Ceci1		MARYLAND	2. USUAL RESIDENCE a. STATE Mary 1:		d lived. If instituti b. COUNTY		befare admi	ssian)
RURAL and give no	If outside corporate limi earest town) th Bast	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpo	State of the last	URAL and giv	e nearest tav	vn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital, g	ive street	oddress)	d. STREET ADDRES	S			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Geo	st rge	Middle D •	Holden	4. DATE OF DEATH	Mar 3	26	Day	Year 19 61
s. sex male	6. COLOR OR RACE white	7. MARK	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12-26-18'	75	9. AGE (In years lost birthdoy) 85 yrs.	Manths D	YEAR IF UNI	
10a. USUAL OCCUPATION during most of work Parmer	ON (Give kind of work king life, even if retired retired	done 10b.	kind of Business or Indu Employee also fire work	JSTRY 11. BIRTHPLACE (S	tate or foreign o	ountry)	12. CITIZE	NOF WHAT	
13. FATHER'S NAME	m W Wolden		772	14. MOTHER'S MAIDI					
15. WAS DECEASED EVE	m W.Holden	CES? 16.	SOCIAL SECURITY NO.	INFORMANT	ha Mahor	1ey Add	ress		
	(If yes, give war or dates of s	ervice)		Mrs George 1	D.Holder			Mary1a	nd
Conditions, if o gave rise to i cause (a), stating lying cause lost. PART II. OTH	mmediate the under-	DITIONS C	CONTRIBUTING TO DEATH BU	total	ERMINAL DISEAS		VEN IN PART I	(a) 19. WAS PERF	ORMED?
-	MEDICAL EXAMINER) RY Manth, Doy, Yes	While		LACE OF INJURY (Hame, actory, street, affice bldg.,		ar tawn)	(Co	unty)	(State
21. I certify the alive an	Klaus H.	19.	4	19.60, ta h accurred at 6 M.D. Mo. 1	M, fram	the causes are treet, city or town	d an the	date state	decease ed above ATE SIGNE
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	22b. DATE THEREC		22c. NAME OF CEMETERY C	24	22d. LOCA	TION (City, town,	ar caunty) Cecil	(St	ote)
23. FUNERAL DIRECTOR	h & Trau	North	ADDRESS Past. Maryla	24a.	MAR 2 8	TRAR 24b. REGI	STRAR'S SIGN		1° A.4

÷ 40 ing respect, it and its the second to the second the contract of the area of the contract of th LINE TO THE THE PARTY OF THE PA

Item 20 Film 283 3-2 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 2985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY director, Page Baltimore 28 Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Your rd of write RURAL and give neerest town) Baltimore 28 Hour Elkton Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address) d. STREET ADDRESS a. IS RESIDENCE uneral ON A FARM? retained he State B Shady YES NO TO Nook Hosnital NAME OF 4. DATE Middle DECEASED OF the (Typa or print) DEATH March 19 61 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Page 5 may be 1 and 2 with in 72 bours at last birthday) Male WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) Pages 1, Virginia B. & O. R. R. U.S.A. Conductor pages 1 Give Page 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alvin Hughes IInknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 20 Ad Shady Nook Court in Item 18. (Yes. no. or unkown) | (If yas give war or datas of servica) Mrs. Milber R. Hughes, Baltimore 28, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN fransit pand in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Crushed chest, fracture of the left femur IMMEDIATE CAUSE (a) in pencil Office DUE TO burial-Pneumoria Thorax gave rise to Immediate cause DUE TO (a), stating the undarlying Examiner causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? should be ial, cremati 8 the word NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of Injury In Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Truck with fork lift ran over him CAUSE OF DEATH. R. Page 3 writing 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Not While 9 Whila Hour e.m. Md. Childs Cecil at work et work | Factory vard icate, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x. and in my opinion 0 TY MED.

Kecute the certific death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dodson, Rising Saday (Standelly, town, or county) NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Md. Burial Park Cemetery | Baltimore. Loudon 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Krous Elkton, MAS MAR 1 4 '61 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2986 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Ceci] Maryland Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Mills Lifetime Elk Mills d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X puo NAME OF Middle 4. DATE Month Yeor Day DECEASED (Type or print) DEATH Harriet Virginia Kav 19 6] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days WIDOWED DIVORCED | 79 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. House Wife House work Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Atkinson John Moore hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT North East, Md. Thomas No. Kav 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronory thrombosis **DUE TO** Arteriosclerotic heart disease Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. Arteriosclerosis generalized unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Hem 18.) SO 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) CSe Hour o. gr. While Not while of work of work 21. I certify that I attended the deceased fram Feb 15. ______, 19.61_, to April 1, _____, 19.61_, that I last saw the deceased

22c, NAME OF CEMETERY OR CREMATORY

Elkton, Maryland.

Cherry Hill

ADDRESS

_, and that death accurred at 12:25P.M. from the causes and an the date stated above.

257 E. Main Street

Newark, Delaware

DATE APR 7

24g, REC'D BY REGISTRAR

Cemetery

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Krous

Cherry Hil

DATE SIGNED

(Stote)

and carbon physician mave p burial-transit ped 0

within

ACTUAL

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION. 226. DATE THEREOF

WALLACE M. JOHNSON. M.D.

/1961

VS A15 (4) 15M 9/55

	MARTIAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 18	
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	and the second s	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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HEADS TO STATISTICAL TRUE Late East Arte Mr. Length, Tendinger, ". H. T. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 71

1	1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where decessed fived, If	institution: Residen	ce before edmission)					
/	a. COUNTY Cecil	MARYLAND	a. STATE Mar	yland b. coun	Harf	ord					
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		f outside corporeta limits, write		neerest town)					
	Perry Point	7 days	Havr	e de Grace, l	Md.	1 the sale of					
d	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
1	Veterans Administration H	ospital	617 Adams			YES NO X					
١	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	n Day	Year					
4	(Type or print) BENJAMIN	F.	MC MASTER	DEATH Mare		19 61					
1	5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers last birthdey)		IF UNDER 24 HRS.					
1	Male White WIDOWE	DIVORCED [10-23-95	65 yrs.	Monnis Doys						
/	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?					
	Laborer	nknown	Pennsylva	nia	USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN								
	Alexander McMaster	(deceased)	Minnie Mo	ore (decease	(he						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1		Address							
	(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	14 20 7941 H	anital Paga	mda VAH Po	nmr Doin	+ Ma					
	18. CAUSE OF DEATH [Enter only one cause per li		Spruar neco	ius, van, ie.	I IN	ERVAL BETWEEN					
	DADT I DEATH WAS CALISED BY.										
	IMMEDIATE CAUSE (a) Peritonitis secondary to extravasations of 6 hrs.										
	Conditions, if ony, which (b) Duodenal ulcer with rupture and extravasations 6 hrs.										
	Conditions, if eny, which geve rise to immediate cause	enal ulcer wi	th rupture	and extravas		6 hrs.					
	(a), steting the underlying DUE TO Of 8	bdominal cont	tents		A	pprox.					
		oetes mellitu				2 years					
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?					
	Chole:	lithiasis, ch	ronic -	unknown	- 40	YES NO NO					
,	PART II. OTHER SIGNIFICANT CONDITIONS CON Chole: 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pert I or Pert II of item 18.)							
		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County)	(Stata)					
	20c. TIME OF INJURY Month, Day, Year 2Dd. While Hour a.m. VA 19 et wor	Not Whila fact	ory, streat, office bldg., etc.		,,,,						
	21. I certify that (X)X(M)X XMXX Daily Xatten	ded the deceased from	ebruary 22.	19.61 to March	1, 19.61,3	PER GUX GROSDUZA					
	save the xieras edual year on xxxxxxxxxx										
	22e. SIGNATURE		ATTENDING .	ED. STAFF		22b. DATE SIGNED					
	10000 Tour	~ M		DIRECTOR PHYS.		3-1-61					
	22c. PHYSICIAN'S		22d. ADDRESS								
	NAME (Type) LOUIS G. CIAN	, Chief, Resid	lent Surgica	al Service, VA	H.Perry	Point Md.					
	23a. EURIAL CREMATION, 23b. DATE THEREOF	23c. ANYE OF CHATELY		23d. LOCATION (City, to		(State)					
	REMOVAL (Specify) 8/4/6/	Well Ris	le	Velta	Pa						
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE							
	PENNINGTON & SON, Hav	re de Grace,	Md. DATE	WAR 6 '61 (Inthun 8. to	iaud					
				4							

TO HOPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 safter.

death age 4 may retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comprovedy filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

· Mile of the second designation and Tide last transmit to the authors the court and adopted account, the sound, the sound to be the ment de la la la company de la calabate de la company de l ednotatu Ibrinoida to alla to lineaste medition, never one made the estadail TO COLDENS COLORS - UNDER COLORS COLORS COLORS The second section of the second seco LAMELLA CLET, CALL, SELVENT MANDE ENTRE SERVER. E.

PARTIE OF THE BURNEY OF THE BOARD OF THE BURNEY OF THE COLLEGE OF

FOR STATE HEALTH DEPT TO I UTY MED.

EXAMINER: This certificate should be executed within 24 hours after death.

y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of The Lith, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

12972

		6309										
Т	1. PLACE OF DEATH	н				NCE (Where decesse			ce before edmission)			
		Charle		MARYLAND	e. STATE		b. COUNTY	-				
1		Cecil	ils,	c. LENGTH OF STAY IN 16	TIO .							
/		giva naarast town			X	, (ii oaisido corporato		~	,			
1	Conowin		raL	40 yrs	Conow ing			Rus				
1	d. NAME OF HOSE	TAL OK INSTITUTION (it not in hosp	oitel, give street address)	d. STREET ADDRE	55			IS RESIDENCE ON A FARM?			
									YES NO			
T	3. NAME OF DECEASED	First		Middla	Last	4. DATE	Month	Day	Yeer			
	(Type or print)	Ada		Mill	67°	OF DEATH	3	2	19 61			
+	. SEX		7. MARRIET		. DATE OF BIRTH	19. AGI		UNDER I YEAR	IF UNDER 24 HRS.			
rl	्य (W	WIDOWED		9-24-1884		birthday) N	lonths Days	Hours Min.			
4	Na. USUAL OCCUPAT	ION (Give kind of world		ND OF BUSINESS OR INDUSTR			6 yrs.	L12 CITIZEN O	F WHAT COUNTRY?			
+	done during most of wo	orking life, aven if ratira	d)	- 11		are or totaldir connity)						
1	Housew	ife	OU	un Home			1734	U.S.	A .			
1	13. FATHER'S NAME				14. MOTHER'S MAID							
	Da	bid Graybea	al		Jane Sta	ansbury						
	15. WAS DECEASED EV (Yes, no, or unkown) (I			OCIAL SECURITY NO. 17. 1	NFORMANT		Address					
1		r yas give war or daias ors	A.	10IVE C	orge C. Mi	ller Cone	mnro.	MA				
1	18. CAUSE OF I	EATH [Enter only one	cause per li	ne for (e), (b), end (c).]	orse of man	LECT OUTON	THE CO.		ERVAL BETWEEN			
-		H WAS CAUSED BY:	Aprit	e Coronary Occ	lugion			ON	ISET AND DEATH			
П	- The state of the	IMMEDIATE CAUSE (a)	2000	a cononary occ	LUSTOIL							
		DUE TO	0	0·7-64	hannak							
	Conditions, if any	(5)	Uar	cinoma of left	breast.							
1	(e), steting tha u	DIT TO										
1	cause last.	(c)										
1	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN	IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?			
	EX.							1	YES NO THE			
	PART II. OTHER		Db. DESCRI	BE HOW INJURY OCCURED. (I	inter neture of injury in	Part I or Pert II of itam	8.)					
ı	PRIMARY OF CO											
1	3 20c. TIME OF INJU	JRY Month, Day, Ya	ar 2Dd. II	NJURY OCCURRED 200. PLA	CE OF INJURY (Homa, f	erm, 20f. (City or to	wn)	(County)	(State)			
1	20c. TIME OF INJU		While		ory, street, office bldg.,	etc.)						
	-	19	et work		11 4							
1				ains described above, he		- B	Inquiry		in my opinion			
1	death resulted	rom: Natural ca	USBS	Accident , Suic	ide, Homicid	le, Undeter	mined man	ner				
1	1	11 //1	11	Y & A 1C	CHIEF MEDICA	AL EXAMINER						
	ACTUAL SIGNATURE	COV	VV	UNI	M.D. ASSISTANT M	EDICAL EXAMINER		D	ATE SIGNED			
J.	EXAMINER'S				DEPUTY MEDIC	CAL EXAMINER						
1	NAME (Type)	R,C,Dods	on		Risin Addrass (S)ree	Sun Ma	•)	3-1	-61			
	220. BURIAL, CREMATIC	ON, 22b. DATE THERE		22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (country)	(Stete)			
	REMOVAL (Specify	3-6-	19611	Nost Noth:	nahan	Color	a		Md.			
-	23. EUNERAL DIRECTO	2.01	, 0, 4	ADDRESS	240, 1		24b. REGIST	RAR'S SIGNATU	JRE			
C	The and	M Thele	- F	1-100 51	a Md	MAR 7 '61	an	Thun S. Ku	aud			
(T	()	/	13/17/04	21 /// DATE							

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22c. NAME OF CEMETERY OR CREMATORY

Concention

Cem.

24a. REC'D 8Y REGISTRAR

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

(Stote)

Md.

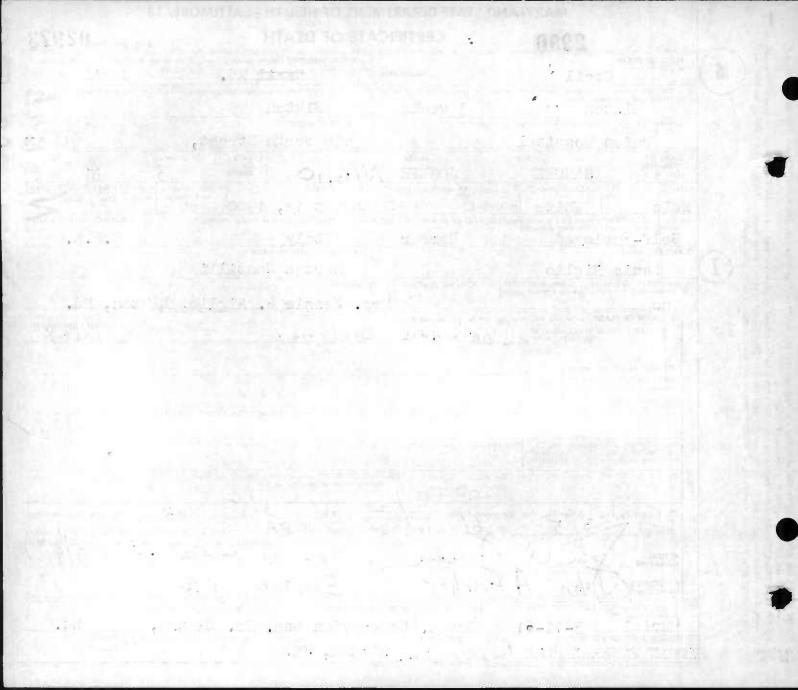
ERAL DIRECTOR: FUN page he 0 VS A15 (4) 1SM 9/S8

NAME (Type

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 22b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY e. STATE b. COUNTY director, Pagrant or your files. b. CITY OK TOWN (if outside corporete limits, MARYLAND Maryland Cecil

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Elkton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Nottigham d. STREET ADDRESS ate Union Hospital of Cecil County 4. DATE DECEASED OF (Type or print) DEATH Phillips March with 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Page 5 may s 1 and 2 with in 72 hours a lest birthdey) Months White male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working tife, even if retired) unemployed PM3. Pa pages 1 within North East, Md. 13. FATHER'S NAME William Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Lamont 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Union Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] transit pand in PART I. DEATH WAS CAUSED BY: Hypoglycemia and Coronary Occlusion JMMEDIATE CAUSE (e) burial-ti Office DUE TO Diabetes at long standing Conditions, if eny, (b) geve rise to immediate cause 40 DUE TO (e), sleting the underlying pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS ALITOPSY CERTIFICATION 2 pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X death resulted from: Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dodson NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL. CREMATION. 22b. DATE THEREOF REMOVAL (Specify)

. IS RESIDENCE ON A FARM? YES NO

> 19 61

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Stete)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

USA

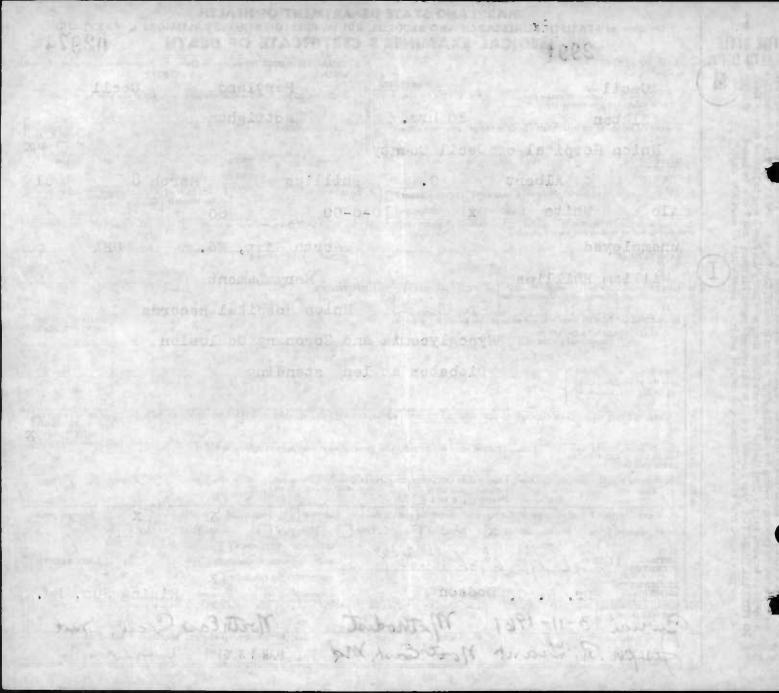
(County)

Cirthur S. France

IF UNDER 24 HRS.

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UNERAL DIRECTOR



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	2992	<u> </u>				Reg. Dist.	No. (∫ №	010
1. PLACE OF DEATH a. COUNTY Cec:	i1	MARYLAND	2. USUAL RESIDENCE (W	here deceased	d lived. If institution b. COUNTY	Cecil	before admis	sion)
	f outside corporate limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpo	rate limits, write R		nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION Union Hosp:	AL (If not in hospital, give str ital	eet address)	d. STREET ADDRESS	1			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First William	Middle Preston	lost Price	4. DATE OF DEATH	Mon	th	Day	Year
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	-	9. AGE (In years	IF UNDER 1 Y	18.	1961
Male		OWED DIVORCED	December 7,1	.889	last birthday) 71 yrs.		ys Hours	_
during most of worl	king life, even if retired)	06. KIND OF BUSINESS OR INDU		e or foreign c	ountry)		OF WHAT	COUNTRY?
Carpenter 13. FATHER'S NAME		Pullman Co.	Md. 14. MOTHER'S MAIDEN	114 44F		U.S.A	10	
Harry Price			Virginia M.	Jones				
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		Add	ress		
		701-09-8525 M	rs. Annie E.	Prace,	Ceci	lton, M	id.	
F T T T T T T T T T T T T T T T T T T T	ATH [Enter only one cause pe TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), ond (c).] Ventricular Fib	rillataion				ONSET AND	
Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (Arterioscleroti	c <u>Heart Dise</u>	ase			thre	e year
Conges 200. ACCIDENT WA	tive Heart Fai	NS CONTRIBUTING TO DEATH BU Lure Cirrhosis DESCRIBE HOW INJURY OCCURRI	of liver and	renal	failure	EN IN PART 1(19. WAS PERFO YES	ORMED?
20c. TIME OF INJUR Hour a. m. p. m.	w W	d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, far actory, street, office bldg., et	m, 20f. (City	or town)	(Cou	nty)	(State)
21. I certify th	at I attended the dece	eased fram. 16 Mar	61_, 19, ta_]	8 Mar	61, 19	that I last	saw the o	deceased
alive an 18	allace de	Umumm	n accurred at 9:35		the causes an		DA	d abave. TE SIGNED Mar 6
	Wallace Obensh	ain,M.D.	Cecilt	on,Md.				
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY C		7.7.2	TION (City, town, o	or county)	(Sto	te)
23. FUNERAL DIRECTOR		ADDRESS		D BY REGIST		STRAR'S SIGN.		1150
Columned	Holl and	Milliate	MIL DATE N	MAR 2 2 1	61 0	-1 0	11	

in by the funeral director, and 2 shauld be filed with may be lained by the spital or attending physician.

S FUNDAR I DIRECTOR: After this certificate has been signed by the attending physician and campletely filter page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUN

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

TO HOSP VS A1S (4) 1SM 9/SB . . Minds Maria solvi nothers and LER EV 1880 L Take the United to the Lord To the Total .cQ heeffmile Bench M string 22 Tel-09-8515 Mrs. (mris 5, Fries, Coatling, MS. tion, all all company ton densionry

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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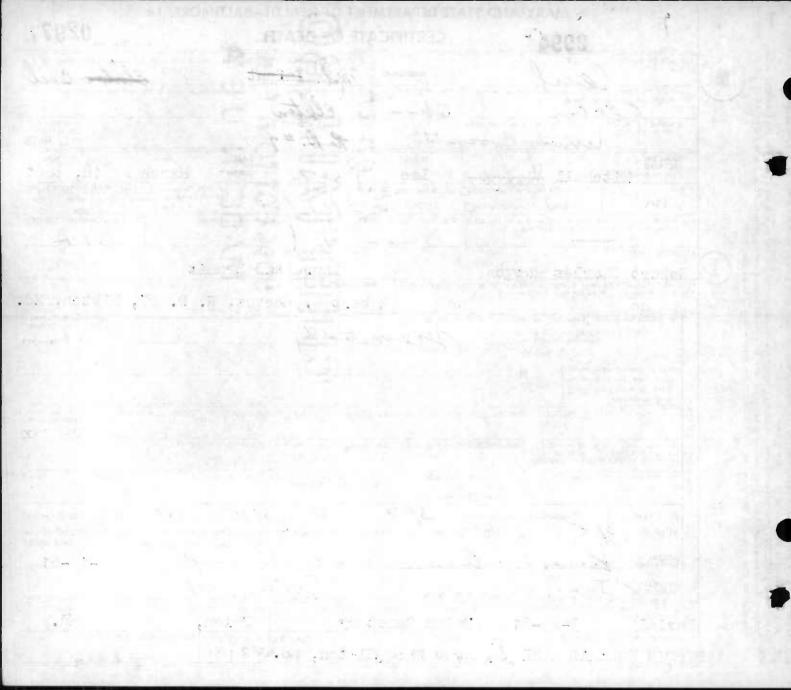
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										W. A. P.	
	PLACE OF DEATH a. COUNTY	Cecil		MAR	YLAND	2. USUAL RESIDENCE (W	land	l lived. If institution b. COUNTY			ssion)
	b. CITY OR TOWN (If RURAL and give neo	outside carporate limi	al	e. LENGTH OF STATE	Y IN 1b	Perryvi		rate limits, write R , Rural		nearest taw	n)
	d. NAME OF HOSPITAL OR INSTITUTION	Rt.	40	ddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF DECEASED (Type or print)	Andrew		Middl	_	azzere	4. DATE OF DEATH	Marc		25	Yeor 19
5	Male	6. COLOR OR RACE White	7. MARRIE	_	_	2-12- 1890		9. AGE (In years pirthday) yrs.	Manths Doy		1
100	during most of warking	g life, even if retired	1	own Sto		TRY 11. BIRTHPLACE (State	ar fareign co	ountry)	12. CITIZEN	8. F	COUNTRY
13.	FATHER'S NAME GIOVE	nni	J	Razzore		14. MOTHER'S MAIDEN	2				
1S.	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or doles of s		5-30-53	~ 4		Razzo	re,Per		,Md	,R.I
	PART I. DEATH Canditians, if ony gave rise to im cause (a), stating th lying cause last.	MAS CAUSED BY: MMEDIATE CAUSE (a DUE TO (, which) mediate DUE TO	, (4	for (a), (b), and (c)	rol ro	Hemor Solar Solar	or so	5		3	PETWEEN DOBATH
CERTIFICATION	(0)	rebro	0 7	HEr	nz	NOT RELATED TO THE TERM O. (Enter nature, of injury in	(4	mento	COOL	19. WAS PERF YES	ORMED?
MEDICAL CER	20a. ACCIDENT WAS OR CONTRIBUTING [(If EITHER, NOTIFY N 20c. TIME OF INJURY Haur o. m. p. m. 21. I certify that	Manth, Day, Ye	While at wark		fac	CE OF INJURY (Hame, farrary, street, affice bldg., etc.)	n, 20f. (City	12 /	(Count		(Stote
	saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	d olive on 1	e Co	1 / 1	d that d	mat death occurred at 12 M, from the couses ond on the dote stated ob MED. ATTENDING MED. PHYS. DIRECTOR STAFF PHYS. 22d. ADDRESS					
	Tourse (Type)	larence									

in by the funeral directar, and 2 should be filed with NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de moy, the state of TO HOSPITAL OR AT

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FOR STATE HEALTH DEPT.

	MANT	LAND SIAIL D	EPAKIMENI OF	HEALIH	
Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	OF DEATH	, MARYLAND ,
2995	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	(12318
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Page les.		COUNTY Cec				ARYLAND	e. STATE	ENCE (Where	ь.	COUNTY	: Residen	ce before edn	mission)
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50			give neerest town)		Life			Sun Ru					
e Board of I	d.	NAME OF HOSPI	Sun, R.D. TAL OR INSTITUTION	l (if not in h	ospilal, give street	eddress)	d. STREET ADDRE		Irair			ON A I	
etained e State death.		AME OF ECEASED	Fir	rst	Mid	dle	Last	4. DATI	E	Month	Dey	Yeer	
a the		ype or print)	Rebecca	Hi	adman	Reyn	clds	OF DEAT	тн	3	14	19 6	57
HE S	5. SI	X	6. COLOR OR RAC	E 7. MARR	IED NEVER M.		B. DATE OF BIRTH			yeers IF UNDER	R 1 YEAR	IF UNDER 24	
第1)		F	W	WIDOW			7-21-1882		78 birth	yrs. Months	Deys	Hours	Min.
2 h	10a.	USUAL OCCUPAT	TON (Give kind of we orking life, even if reti	ork 10b.	KIND OF BUSINES	S OR INDUST	RY 11. BIRTHPLACE (St	ete or foreign	country)	12. 0	TIZEN O	F WHAT CO	UNTRY?
	dollo	Housewif		1180)			Marvlan	d		TT_S	5 .A .		
	13. F	ATHER'S NAME			5 1 X		14. MOTHER'S MAID			100	7 812		
		Samuel	T. Hindman	n			Fannie	C Craie					
		AS DECEASED EV	ER IN U.S. ARMED FO	DRCES? 16	S. SOCIAL SECUR	ITY NO. 17.	INFORMANT	V V V V V V		ddress			
		10, or discounty (1	1 7 0 5 U 1 V 0 W 0 I U I U 0 1 0 5 U		218-40-19	87	William Rey	nolds.	Rising	Sun. N	/d.		
G	11	8. CAUSE OF I	EATH [Enter only or	ne cause per	line for (e), (b),	and (c).]	•		-		INT	ERVAL BETW	EEN
2			H WAS CAUSED BY: IMMEDIATE CAUSE (, Ac	eute Core	nary 0	cclusion				ON	SEI AND DE	AIH
-		420.1	DUE T										
PAO		Conditions, if eny	, which) (I	b)F	Hypertens	sion fo	r several y	ears.					
		eve rise to Immedi e), stating the u	DIT T	0									
		ause lost.	1	c)							245		
	CATION	PART II. OTHER	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITIO	N GIVEN IN PA		PERFORA	MED?
	TIFIC	Oo. EXTERNAL CA		20b. DESC	RIBE HOW INJUR	Y OCCURED.	Enter neture of injury in	Pert I or Pert II	of item 18.)			10 110	o x
		RIMARY OF CO	ONTRIBUTING [
	MEDICAL	Hour a.m.		Whi	. INJURY OCCUR	RED 20e. PL	ACE OF INJURY (Home, tory, street, office bldg.,	ferm, 20f. (C	City or town)	(Co	ounty)	(5)	lete)
	-	p.m.	19			d shove h	eld an Autopsy	Inspectio		nquiry 🙀,	and	in my opii	
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	2	KAMINER'S	C.Dodson					CAL EXAMINE	of Street	3-	-5-61		
	22e. 8	URIAL, CREMATIC	N, 226. DATE THE	REOF	22c. NAME OF	CEMETERY O	RAGGINGTON R CREMATORY	1 22d. LOC	ATION (City,	town, or count	ry)	(State)	
	B	EMOVAL (Specify	13-1-1	1961	West	offin	gham Cem	. Col	ora			Mo	1.
1	23	DIMERAL DIRECTO	mem	rella	P. S	ings	un Md 240.	R 7 '61		REGISTRAR'S		JRE	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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CERTIFICATE OF DEATH 2996 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATEMATVland b. COUNTY Cecil MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Port Deposit Port Deposit 50 vrs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM2 Hampton Manor Hampton Manor YES NO NAME OF First Middle 4. DATE Richards DECEASED OF Wright March Fimma (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 75"thday) Months White Days Female 12-12-1885 WIDOWED DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) SA Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Millard F. Wright Laura E. 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Dr. G.H.Richards Jr.Port Deposit, Md. NO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 8 AKRONI IMMEDIATE CAUSE (a) DUE TO Acteria Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Month. 20d. INJURY OCCURRED 20f. (City or town) Day. Year (County) (State) factory, street, affice bldg., etc.) Haur a. m While Not while at work at wark p. m. Un- 12 10/91 March 30 1001, that (1) (we) last 21. I certify that (I) (this hospital) ottended the deceosed from... bicock 70 1901 saw the deceosed alive on , and that death accurred on a M, from the couses ond on the dote stoted above. 22a. SIGNATURE SIGNED ATTENDING PHYS. M.D. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Benson, M.D. Port Deposit.Md. Clarence 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City, town, or county) (State) 3-22-1961 West Nottingham Colora .Md. Rural ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Perryville .Md DATE MAR 2 2 '61

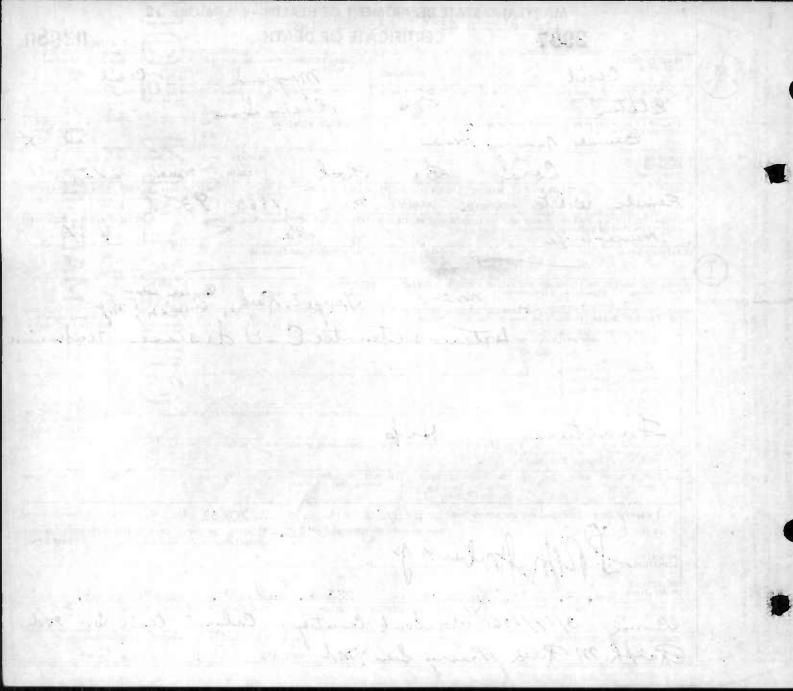
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film G283

VS A15 (4) 1SM 9/S8



	2220						1121	10-
1. PLACE OF DEA	TH		2. USUAL RESIDEN	ICE (Where		1=14		admission)
a. COUNT	Cecil	MARYLAND	a. STATE Mar	yland	b. COUN	Ha:	rford	
	(if outside corporata limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside co	rporata limits, write	RURAL end gi	iva nearest to	own)
Perry	Point	7 days	Edg	rewood				
		in hospital, give street eddress)	d. STREET ADDRESS		19.	1 . 3		RESIDENCE A FARM?
	Administrati		Rou		12	x - 7	YES [NOX
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Monti	n C		ar
(Type or print)	JOHN	M.	ROMANICK	DEAT	H Mar	ch 1	5 19	961
5. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years			ER 24 HRS.
Male	White w	DOWED Seperated -	8-30-94		66 yrs.	Months Day	ys Hours	Min.
done during most of	ATION (Giva kind of work working life, avan if ratired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State,	or foreign country)	12. CITIZEI	N OF WHAT	COUNTRY
	ters Helper	Carpentering	Pennsyl	vania		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
	Peter Romani	ick (deceased)	Catherine	Ruch	urski (deceas	ed)	
	EVER IN U.S. ARMED FORCES?		INFORMANT		Address			
Yes	(If yes giva war or datas of sarvice WW-I		spital Reco	rds.	VAH. Per	rv Poi	nt. Mo	a.
	DEATH [Enter only one caus		552 002 2000	,,,	, , ,		INTERVAL B	ETWEEN
		Shock, following	oneration				ONSETAND	DEATH
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370	DUE TO		Market Town			1000		
Conditions, if e		Bleeding gastric	ulcer				unk	nown
geve rise to imma	DIJE TO							
couse lost.	undariying (c)							
Z PART II. OTI	1 - 1	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	a) 19. WAS	AUTOPSY
2		teriosclerosis,	A Section 1 Section 1				PERF	NO [
5							YES X	NO []
OR CONTRIBUTION	WAS UNDERLYING [] 20th NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	o. (Entar neture of injury in	n ram i or ram	THOTITEM IS.)			
20c. TIME OF IN	IJURY Month, Day, Year		ACE OF INJURY (Home, fer		City or town)	(County	r)	(Stata)
Hour e.m	TT A	While Not While fect	tory, streat, office bldg., at	(c.)				
			36 1 0		30 3 3			
21. I certify	that (N) X(th) X X6 X X X X X X X X X X X X X X X X X	attended the deceased from.	March 8	100.1., t	o.Mar.chl	19, 180.T	ONDRIXION	NAME OF STREET
ESON MACKET	earedxali yexoo x x x x x x	XXXXXXXXXxxnd that	death occured at	M, fro	om the causes	and on the	a date stat	ed above
22a. SIGNATUR	E		ATTENDING	MED.	STAFF		22	2b. DATE SIGNED
	a.I. moo	ney "		DIRECTOR	PHYS.		3	-15-6
22c. PHYSICIAN			22d. ADDRESS					
NAME (Ty	A.L. MOONE	Y Asst.Clinical	Pathologis	st.V.A	. Hospita	al Perr	y Poi	nt Md
23. RUPIAL CDEM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		0.0	CATION (City, to			(Steta)
REMOVAL (Spaci	fy)	G4 W						
Burial	Mar.20,196				lymouth,		TALA TURE	
24 FUNERAL DIRECT		ADDRESS	25e, R	TAR 2 TG	STRAR 256. RE	Lithur S. 1	Traise	
Howard K.	McComas & Sc	ons, Abingdon, M	aryland DATE			Journal 25.	Vianus	

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filled in by the funeral Pages 1 and 2 should TO HOZPITAL OR ALIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death age 4 may be retained by the hospital or attending physician.

TO FUALRAL DIRECTOR: After this certificate has been signed by the attending physician and composely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours after death

within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2999 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) day d. NAME OF HOSPITAL (If not in haspitat, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle DATE ose (Type or print) DEATH E 3 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED TO DIVORCED USUAL OCCUPATION (Give kind af work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired At. Home puo 13. FATHER'S NAME physician LADOSEA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT aftending none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5 (IF EITHER, NOTIFY MEDICAL EXAMINER) OS 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour a. m factory, street, affice bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased fram detached and that death accurred a 1 40 1. M, from the causes and an the date stated above. DIRECTOR: alive an ADDRESS (Street, city or town, state) ACTUAL pe prior SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria

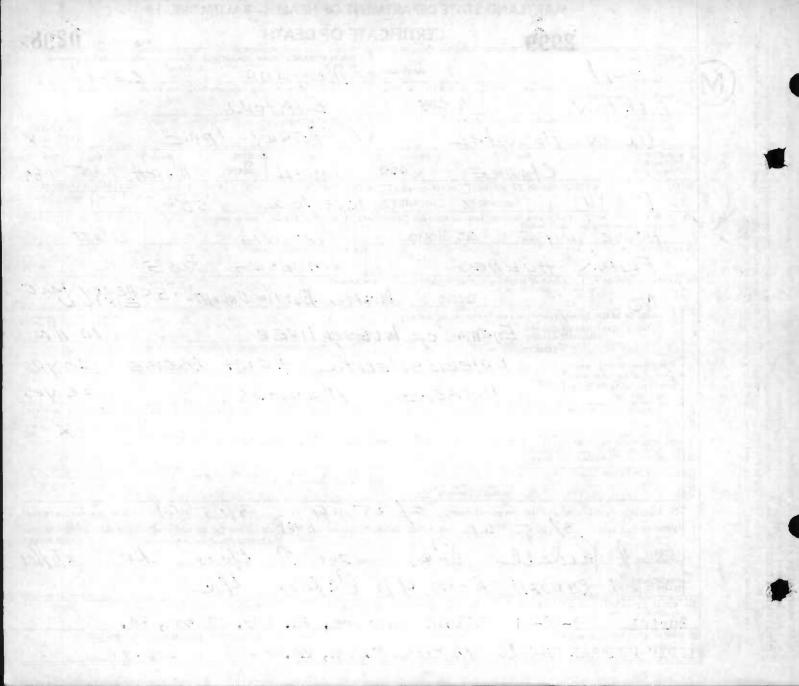
e. IS RESIDENCE ON A FARM? YES NO M Month Day Year 19 61 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 11- RS PERFORMED? YES NO (County) (State) 19 Ahat I last saw the deceased DATE SIGNED 22d. LOCATION (City, tawn, ar county) (State) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 21 '61 arthur S. Kraus

Reg. Dist. No. 112989

TO FUNE page VS A15 (4)

15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3000

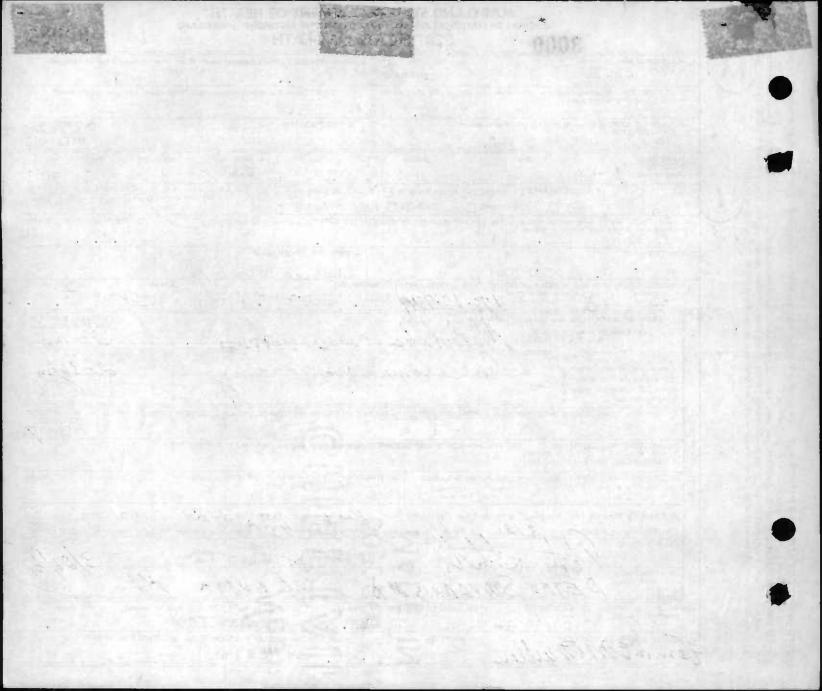
1. 1	COUNTY CEC	IL			MARYLAND	2. US	STATE	CE (Whe	re deceased	l lived. If institute b. COUNT		nce befor	e admissi	on)
-	. CITY OR TOWN (IF		its, write	c. LENGTH OF	STAY IN 1b	c.	CITY OR TOW	/N (If ou	tside corpor	ote limits, write	RURAL and	give ned	rest town))
	RURAL and give nea	irest tawn)		3 M(Y	LLAT					RUFAL		
H.	d. NAME OF HOSPITA	L (If not in hospital, a	aive street o	1 44	J .	1	STREET ADDR				1101		e. IS RESI	DENCE
	OR INSTITUTION						OTKEET KEEK						ONA	FARM?
	DEVINE	RURSING	HO								-		152 []	NQ 🗌
	NAME OF DECEASED (Type or print)	OLDIC Fi	rst		Aiddle ESON	C 1	Last FROIT		4. DATE OF DEATH	M	anth Z	Da		ear 9 67
S. S	11	ORRIS	7			P DAT	E OF BIRTH			9. AGE (In year	IF LINDS	- Con	IF UNDE	Total Spiles
3		6. COLOR OR RACE				B. DAJI	COFBIRIT			last birthdoy	Months	Days	Hours	Min.
	NALE	W. ITC	WIDOWE		ORCED _	4/	1/ 18	180		80 yr				
10a	. USUAL OCCUPATION during most of working	N (Give kind af wark ng life, even if retired	dane 10b. I			ISTRY 1	1. BIRTHPLACE	(Stote o	r foreign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?
	Fruth	RET.		N FA	RH		.MD.				J	J.S.	A	
13.	FATHER'S NAME					14. /	MOTHER'S MA	IDEN NA	AME		Turb -			
	MORRITE J	SP	ROUI			-	EMMA	BAR	OU					
	WAS DECEASED EVER	- 10.00		SOCIAL SECURIT	Y NO. 17. I	NFORM		2 / 12 /		Ac	dress			- 1 -
Yes	NO (II	f yes, give war ar dates of	service)	10.17.9	nun !!	rs.	Morri	s J	. 50	rout	Elki	on	rid.	8.
				7 7			01 1 1			- 40	and Alba			
	1B. CAUSE OF DEAT		suse per lin	e for (a), (b), an	(c).				1.				RVAL BET	
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	1/1/	atast	144	00	nein	mes	Ing.			9	-5m	40
	163X	DUE TO		2	1, 0		1	1.	19					
	Canditions, if on	v. which)	. (0.1	Charles & An		V 4		110			0.	- 21.	Ac.
	gove rise to im	mediote (mi cy n	MALE		7	-	Lag	1		-	-34	carg.
	couse (o), stating the lying couse lost.	ne <u>under-</u>	A 11			1			(120	0	
z		ER SIGNIFICANT CON		ONTRIBUTING T	O DEATH BUT	T NIOT P	ELATED TO THE	E TEDAMA	IAI DICEACI	CONDITION	IVENI INI DA	PT 1/0) 1	D WAS A	LITOPSY
5	TAKI II. OTHE	EK SIGNIFICANT CON	ADITIONS C	CIVIKIBUTINO	O DEATH BU	INOIK	ELATED TO THE	ETERMIN	AME DISEASI	CONDITION	NACIA IIA LY	KI 1(0)	PERFO	RMED?
NO.							15-75-E						YES [NO X
CERTIFICATION	OR CONTRIBUTING	UNDERLYING C	20b. DESC	RIBE HOW INJU	JRY OCCURRE	D. (Ente	er noture of inj	jury in Po	ort I or Port	II of item 1B.)				
	(IF EITHER, NOTIFY A								1.					
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Ye	or 20d. IN While	JURY OCCURRE			INJURY (Hom treet, office bld			or town)		(County)		(Stote)
MEC	p. m.	19	at work	Not while at work [
	21. I certify that	(I) (this hasnita	1) attend	ed the dece	ased from	11		10.4	& .ta .:	7/21	191	5/ sh	at (1) (v	ua) last
			191	4 /			The same of the sa	1.	40	10-1		1	1 2 1	,
	saw the decease 22a. SIGNATURE	ed diveran	130-1	1-17-6	and that	death	accurred a	1/221	M, Tram	the causes o	and an fr	e date		. DATE
	22d. SIGNATURE	1/1	1	11			ATTENDING THYS.	MEI	D	STAFF			2/2	SIGNED
	20 - BUYELELANGE /	1 che	10	who				DIR	ECTOR	PHYS.			5/2	461
	22c. PHYSICIAN'S / NAME (Type)	1	0		, ,,	1 2	2d. ADDRESS	1	1 1. 7		11.1		/	-
		NEIBR	SIA	VRAKI	15/11/	1,		-	CH!	011	14			
23a	BURIAL, CREMATION	, 23b. DATE THERE	OF .	23c. NAME OF	CEMETERY C	OR CREA	MATORY		23d. LOCAT	ION (City, town	, or county		(Stote	9)
1	REMOVAL (Specify)	13/04/10	67	CAK W	COD	CEM			CONO	INGO			MI	3.
24	SONERAL DIRECTOR'S	1.60 1/ 00	4.4	ADDRESS				a. REC'D	BY REGIST		GISTRAR'S S	IGNATU		
21	mm Eg	nomi	/_	Dros	73.0				R 2 4 '	31				
10	11011.01	i - i uu	Len	LIDI.	IG CITE	1 9 2	DA DA	ALC HELD	at the state of	11 (Tax Luca	9 4		

and 2 should be Then please remave carban papers. Pages 1 may be kined by the spital or attending physician.

TO FUNE X. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in ony event, within 72 hours affer death. VR A15 (4) 1SM 9/S9

4G PHYSICIAN: The law requires that the death certificate be executed within 2,

TO HOSP



FOR STATE

DIT IT MEDIT EXAMINEE: This certificate should be executed within 24 hours after death. If delay is necessary, eass execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Install director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Alas. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board chiefalth, its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. please 4 shoul TO FUN TO DE

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VS. A15ME 5M 7/59

MAKILAND SIAIE D	EPARIMENI OF HEALIH
Division of STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
200 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

02081

	1001				1163474				
1. PLACE OF DEATH	001				nstitution: Residence before edmission)				
		MARYLAND	a. STATE	b. COUN	ecil				
b. CITY OR TOWN (if outside write RURAL and give no	corporete limits, arest town)	c. LENGTH OF STAY IN 16		It outside corporete limits, write					
Elkton		D.C.A.	Elkton R.D. 4						
d. NAME OF HOSPITAL OR I	NSTITUTION (it not in hosp	pitel, give street eddress)	d. STREET ADDRESS						
Union II	and trail				YES NO				
3. NAME OF Union Ho	Pirst	Middle	Last	4. DATE Month	Day Yeer				
DECEASED (Type or print)	Robert	Willer	Truitt	OF DEATH 3	13 1961				
	LOR OR RACE 7. MARRIEL		DATE OF BIRTH	9. AGE (In years					
10	WIDOWEI		ים אות של או	last birthdey)	Months Days Hours Min.				
10a. USUAL OCCUPATION (Giv	72:	ND OF BUSINESS OR INDUSTR'	12-30-1923: Y 11. BIRTHPLACE (Sieta	37 yrs.	1 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life	, even if retired)		The second second		12. CHIZEN OF WHAT COOKING				
Maintenance	Man Thia	acel Co. Elktob	Md. Del	9	U.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Linton F.	Truitt		Lucy Be	thard	THE STREET				
15. WAS DECEASED EVER IN U.S		SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
(Yas, no, or unkown) (Ifyes giva-	war or detes of service)	Mrs	Robert W	Truitt, Elkton	a P D l. MA				
IB. CAUSE OF DEATH	Enter only one cause per li	na for (a), (b), and (c),	o TOOGIO E	Trongo mirrog	I INTERVAL BETWEEN				
PART I. DEATH WAS	CAUSED BY:	1 01			ONSET AND DEATH				
IMMEDIA	TE CAUSE (a) HT3	ture of base	i skull and	Laceration of	right				
XYYX	DUE TO								
Conditions, it any, which	1-/	side of neck.							
geve rise to immediate cause (a), stating the underlying	DITE TO								
cause lest.	(c)								
Z PART II. OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY				
OLIV					YES NO TO				
20a. EXTERNAL CAUSE WA	S 204 DESCRI	BE HOW INJURY OCCURED. (E	atar nature of injury in Pa-	et Los Part II of Hom 10 1	YES NO X				
PRIMARY or CONTRIBUT		BE NOW INJUNT OCCURED. (E	mai nature of injury in rai) to rem if of heim ip./					
				own bank and to					
	lonth, Dey, Yeer 20d. I While	Not While factor	CE OF INJURY (Homa, farr ory, street, office bldg., etc		(County) (State)				
Hour a.m.			te 316		Cecil Md.				
	ok charge of the rem	ains described above, hel	parties of the same of	Inspection . Inquir					
death resulted from:	Natural causes .	Accident 🔀 Suici		Undetermined ma					
The state of the s	12 12	Accident A. Suici							
ACTUAL //	11 A	4/1100	CHIEF MEDICAL						
SIGNATURE	VIO	- NO	M.D.	DICAL EXAMINER	DATE SIGNED				
EXAMINER'S		/	DEPUTY MEDICA		2 72 67				
	Dodson			Silmon, Monty)	3-13-61				
22e. BURIAL, CREMATION, 22b. REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (State)				
Burial 3	1-16-61	ilp in Mano	r Mem. Pk.	Nr. Elkto	n, Md.				
23. FUNERAL DIRECTOR	0	ADDRESS	24a PEC	O BY DECISTRAD I 245 DECI					
PENDEN DIEMEDAT	HOME	alch Zae B	Ikton Md	MAR 2 0 '61	Withun S. Knows				
TELIN LUMBRAT	I HOLLE YOU	work Las B	TYZ OOTT OL DINIETO		S. Theus				

Ison c I 1. ... Iti o no ille Litt 1'-5.-1.23 ni nes n .: c•1 30. 1 c, . . 1. Tinon . white in other of the control of the control of To be a company of the company of th 3 17 51 2 515 2 50 1 1c-21-2 a a c sol * ()

may the prince by the haspital ar attending physician.

TO FUNEXXL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill with by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. 4G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat TO HOSPITAL OR ATTEN

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3002	CERTIFIC	ATE OF DEATH		Reg. Dist. No. 12985
1. PLACE OF DEATH a. COUNTY	ecil	MARYLAND	o. STATE	here deceased lived. If institution b. COUNTY	
b. CITY OR TOWN-II pouts RURAL ond give houses	ide corporate limits, write town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN UT a		URAL ond give nearest town)
		oddress)	d. STREET ADDRESS	14	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	Bayara	Middle /	lan Sant	OF)	
PLACE OF DEATH 0. COUNTY MARYLAND 2. USUAL BESIDENCE (Where decosed lived. If institutions Residence before administed on STATE 0. ST	Months Doys Hours Min.				
during most of working li	fe, even if retired)	Ling of Business OR INC	Galena	Kint Co. Ma	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Van Sant)11.	Warren	
		SOCIAL SECURITY NO.	INFORMANT Prop. Ricad	Elklin	mel.
PART I. DEATH W	AS CAUSED BY:		osis	•	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immed couse (o), stoting the <u>u</u>	di ote	erebral arter	iosclerosis		years.
	Diabetes	Mellitus			PERFORMED?
20c. TIME OF INJURY M	onth, Doy, Year 20d. White	Nat while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	1, 20f. (City or town)	(County) (Stote)
alive on 14 Ma:			th occurred at 11:30	M, fram the causes an	d an the date stated above.
220. BURIAL, CREMATION, 2					or county) // (State)
Luna!	March 18/6/	Galina	am,	Galina	Maryland
Marin V	Williams	Chestuto	- Med. DATE 1	MAR 2 0 '61	Tothur & House

E MEASURO STADISTIPED TO BE SOUR The second secon

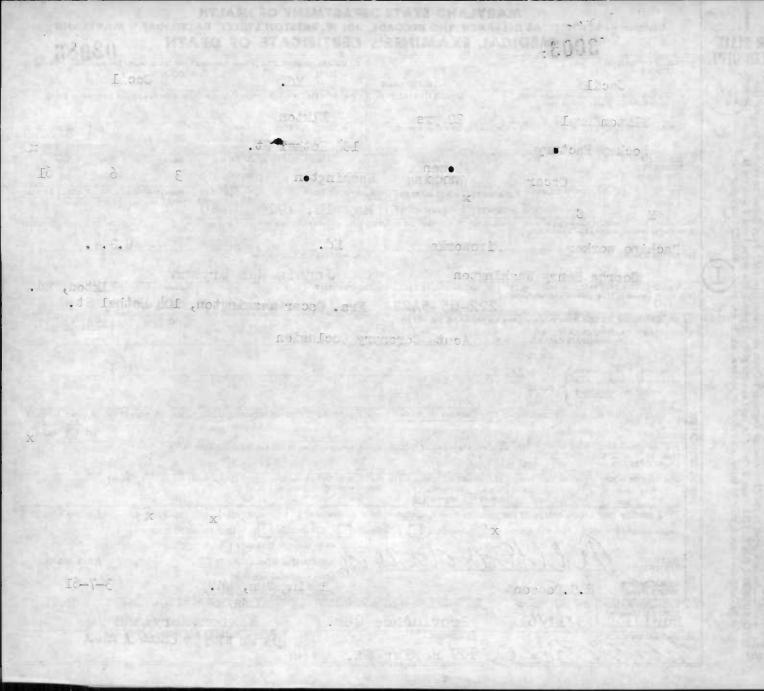
FOR STATE HEALTH DEPT

TO D. I.Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to h. Yanneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit, File pages 1 and 2 with the State Board of Transit, or its designated agent, prior to burial, cremation, or removal, and in any evant within 72 hours after death.

VS. A15ME 5M 7/59

	MARYLAND STATE DEPARTMENT OF HEALTH	
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
	300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09000

1. PLACE OF DEATH 2. CUSTAL RESIDENCE (Where deceased lived, if incline, Raidence College Sensition # Country Cocil D. Cocil MARYLAND D. Cocid M		0000						116	403
Cect 1 b. CITY OR TOWN II dutiled ecoposets limits, write RURAL and give nessest fown) b. CITY OR TOWN II dutiled ecoposets limits, write RURAL and give nessest fown) 20		H				ICE (Where decease			before admission)
b. CITY OR TOWN (if outlide corporate limit, write RURAL and give neerest lown) write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) d. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 10. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 11. NAME OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 12. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 13. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 14. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 15. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 16. SEET OF BEATT (if outlide corporate limit, write RURAL and give neerest lown) 17. NAMET OF BEATT (if outlide corporate limit, write RURAL and give neerest lown) 18. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 19. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 10. NAMET OF TOWN (if outlide corporate limit, write RURAL and give neerest lown) 10. NAMET OF BEATT (if outlide corporate limit, write RURAL and give neerest lown) 10. NAMET OF BEATT (if outlide corporate limit, write RURAL and give neerest lown) 10. NAMET OF BEATT (if outlide corporate limit, write address) 10. ADDRESS (if you and if outlide corporate limit, write address) 10. AND ATT (if outlies in the second limit, write address) 10. AND ATT (if outlies in the second limit, write address) 12. ADDRESS (if you and if outlies in the second limit, write address) 12. Lift outlies in the second	_	017l		MARYLAND	e. STATE Md.		b. COUNTY CE	ecil	
d. NAME OF THE VIRGITION (If not in bounds), give draws address) Concept	b. CITY OR TOWN (if outside corporete limi	its,		c. CITY OR TOWN	(If outside corporate	limits, write RURA	AL end give r	neerest town)
d. NAME OF HOSPITAL ON INSTITUTION (If not in bospital, give sfreet address) Color State Color State	writa RURAL and	d give nearest town)					-10	21312	
NORME OF DECEARSED SOUTH	Elkto	nRural		20 yrs			-		
December	d. NAME OF HOSPI	TAL OK INSTITUTION (it not in hos	pitel, give street eddress)					
S. BAPEL OF PUTPER CECAT WASHINGTON	Nocke	v Factury			104 Bethel	St.	1		YES NO
COLOR OR RACE 7. MARRIED NOVE MARRIED N. DATE OF BIRTH 9. ACT (In year) FUNDER 174 R. F. UNDER 174 R. F. UNDER 174 R. MODING NOVE MARRIED 19. ACT (In year) FUNDER 174 R. F. UNDER 174 R. F.	3. NAME OF	First			Last		Month	Dey	Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED NOVER MARRIED NOVER 19. ACE (in year IF LUDGER YEAR IF UNDER 24 HIS. But birthout 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. But DIVORCED NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER YEAR IF UNDER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. Ace (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE) NO YEAR 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN IN JUDGE 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN MORE 19. ACE (in year IF LUDGER 24 HIS. DOWN IN JUDGE 24 HIS. DOWN IN JUDGE 24 HIS. ACE (in year IF LUDGER 24 HIS. DOWN		Oscar			Washington		3	6	19 61
DIS. USUATO OCCUPATION (Give kind of work done during most of working life, even if refined) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY M. M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY M. M. BIRTHPLACE (State or foreign country) M. M. Mother's MAIDEN NAME The Mother's Maile or Maile Bryson Social Scurity No. 17. Informant M. Mother's Maile Bryson Social Scurity No. 17. Informant M. Mother's Maile Bryson Fireworks M. Mother's Maile Bryson Fireworks Informant M. Mother's Maile Bryson Social Scurity No. 17. Informant M. Mother's Maile Bryson Informant Address Fireworks Informant M. Mother's Maile Bryson Informant Informant Informant Address Fireworks Informant Informant Address Fireworks Informant M. Mother's Maile Bryson Informant Informant Informant Address Fireworks Informant In	5. SEX		7. MARRIE		B. DATE OF BIRTH			DER 1 YEAR	IF UNDER 24 HRS.
10. LISTAT OCCUPATION (Give kind of work done during most of working) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		- C	WIDOWE	DIVORCED I	May 10 19	10 50		ths Deys	Hours Min.
Machine worker Fireworks Md. Monthers Maiden Name Machine worker Machine workers Machine workers Machine workers Machine workers Machine	1Da. USUAL OCCUPAT	ION (Give kind of work						CITIZEN O	E WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EYER IN U.S. ARMÉD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elkton, Md. 222-05-5422 Mrs. Oscar Washington, 101; Bethel St. 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Acute Coronary Occlusion ONSET AND DEATH ONSET A				01 000111233 01 110031	KI W DIKITI ENGL (SIGN	or torongin country,		CITIZEN OI	WIIAT COUNTRIT
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De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) While Not While at work et work factory, streat, office bidg., etc.) 20f. (City or town) (State) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Sired, City, Jown, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BUT 121 3/11/61 Providence Cem Elkton, Maryland 24b. BEGSBARE 24b. BEG		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONT	NITION CIVEN IN	DART 1(a) L 10	D WAS AUTORSY
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21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes									
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) R.C. Dodson Pissing Sun Addrass (Siret, city, town, or county) Part SIGNED 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 22b. DATE THEREOF Providence Cem Elkton, Maryland 23. FUMERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRA	3 20c. TIME OF INJU	IRY Month, Day, Ya	ar 2Dd.				wn)	(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE	Hour a.m.	T-12-6-71		THE PARTY OF THE P	ctory, streat, offica bldg., at	c.)			
death resulted from: Natural causes & Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE	Print.				ald as Autonou 🗀	Incomption [7]	la series de	7	
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) R.C. Dodson PISING Sun, MC. Address (Sirot), city, town, or county) 22a. Burial, Cremation, 22b. Date thereof Burial Burial 27a. Firsteral Director Address Address 24a. REC'B BY REGISTRAR 24b. REGISTRA									in my opinion
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July 1. Jell _ 909 Poplar St. Date	2/./	7	00		1 M	AR 1 U GI	Civital	1 2. 7000	VS.
	enc.	1. Sec	V _	707 Poptar	DT. DATE				



VS A15 (4) 15M 9/5B

	3004	CERTIFICA	ATE OF DEATH	Н	- 1	Reg. Dist. No	.029	387	
D. PLACE OF DEATH a. COUNTY Cec i1		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marvlar						
	f outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RUI		earest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give streem Union Hos		d. STREET ADDRESS					FARM?	
3. NAME OF DECEASED (Type or print)	First Ira	Middle	tost We11s	4. DATE OF DEATH	Month 3-2		-/	Year 19 61	
s. sex male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1-6-1897	9. AC		F UNDER 1 YEA Months Days	_		
Rural Mai 3. FATHER'S NAME	king life, even if retired) 1 Carrier reti	b. KIND OF BUSINESS OR INDU	t Plymou	th Penn		12. CITIZEN C	JSA	OUNTRY	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	015 00 0054	Annie P NFORMANT Irs Ira W.Well	lmsweiler s Nort	Addres	Maryla	und		
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND ONSET A								
Canditions, if a gave rise to i couse (o), stating lying cause lost.	mmediate (Ure Provis Ele	merulo.	nekhri	tis		30 d	ays	
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	20c. TIME OF INJURY Manth, Doy, Year Hour a. m. 20d. INJURY OCCURRED While Not while 10c. Not wh								
	and I attended the dece 3.726		- , 1960 , ta accurred at 3,35 A	3 - 27 M, from the ADDRESS (Street,	causes and		e stated		
	3-30-1961	22c. NAME OF CEMETERY O		22d. LOCATION North		county) Cecil ((Stot		
Joseph R.	1 Jane	ast, Maryland		D BY REGISTRAR		RAR'S SIGNATI			

PMAR 2 8 '61

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

3005

Reg. Dist. No. 12988

1.	o. COUNTY CCCL. MAI	RYLAND 2. USU	TATE Ma	0 1	. If institution: Reside b. COUNTY	nce before admis	ssion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. C	Oural	yffide corporate lin	nits, write RURAL ond	give nearest tow	n)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d.	STREET ADDRESS)		ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print) Oliver Blane	e Wi	lden	4. DATE OF DEATH	March	Day 2-3	Year 196 (
5.	Mole 6. COLOR OR RACE 7. MARRIED DIVORCE DIVORCE	AL	OF BIRTH 14, 18	9. AG los	E (In years IFUNDE birthdoy) 7 0 yrs.	Days Hours	Min.
10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farm	OR INDUSTRY 11.	BIRTHPLACE (Stote	or foreign country	12.CI	U.S.A	COUNTRY?
13.	3. FATHER'S NAME James Wilson	14. M	Emmi	NAME Con	ner		
15. (Y.	(st. no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)		NT	en Ries	Colora	md.	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO DUE TO (c)	Jailu	re .			INTERVAL 8	
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CERTIFI		OCCURRED. (Enter	noture of injury in I	Port I or Port II of	item 18.)		
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22		METERY OR CREMA	KIS.	22d. OCTION	City, town, or county)		4 6 J
23	REMOVAL (Specify) 3/27/61 West) D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Mugh	24a. REC'	D 8Y REGISTRAR	24b. REGISTRAR'S S	May IGNATURE	stand
	Roll m Reed Riving &	un , ma	C dwar 2	2 7 '61	arthur S. H	inua	

